



PART B - FEE(S) TRANSMITTAL

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21269 7590 01/28/2004

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~~500 GRANT STREET~~
~~PITTSBURGH, PA 15219~~

KATTEN MUCHIN ZAVIS ROSENMAN
525 west MONROE STREET, SUITE 1600
CHICAGO, ILLINOIS 60661-3693

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(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/869,394	02/25/2002	Holger Bengs	114750.2300	4123

TITLE OF INVENTION: SUN PROTECTION PRODUCT WITH MICROPARTICLES ON THE BASIS OF WATER-INSOLUBLE LINEAR POLYGLUCAN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DODSON, SHELLEY A	1616	424-059000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gilberto M. Villacorta, Ph.D.
1
Serge Sira, Ph.D.
2
Katten Muchin Zavis Rosenman
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Celanese Ventures GMBH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FEDERAL REPUBLIC OF GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 5

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1710 (enclose an extra copy of this form).

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Serge Sira, Reg. No. 39,445 for Gilberto M. Villacorta, Ph.D., Reg. No. 34,038

(Authorized Signature)

(Date)

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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03/29/2004 ZJUHA2 00000073 09869394

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Approved for use through 10/31/2002. OMB 0651-0032

PTO/SB/17 (10-02)

FEE TRANSMITTAL for FY 2004 (modified) <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/869,394	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 28, 2001	
		First Named Inventor	Holger BENGES	
TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	Shelly A. Dodson	
		Group Art Unit	1616	
TOTAL AMOUNT OF PAYMENT (\$)		1,345.00	Attorney Docket No.	330213.02300

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account	<input type="checkbox"/> Money Order		
<input type="checkbox"/> Other	<input type="checkbox"/> None		
Deposit Account Number		Large Entity Small Entity	
50-1710			
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FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
1001 740		2001 370	
1002 330		2002 165	
1003 510		2003 255	
1004 740		2004 370	
1005 160		2005 80	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims		Extra Claims Fee from below Fee Paid	
Independent Claims		- 20* = 18 =	
Multiple Dependent		- 3 = 84 =	
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
1202 18		2202 9	
1201 84		2201 42	
1203 280		2203 140	
1204 84		2204 42	
1205 18		2205 9	
SUBTOTAL (2) (\$)			
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)		Registration No. (Attorney/Agent)	
Serge Sira		39,445	
for: Gilberto M. Villacorta, Ph.D.		Telephone	
Registration No. 34-038		202.625.3621	
Signature		Date	
[Signature]		March 26, 2004	